

THE UNIVERSITY CORPORATION, SAN FRANCISCO STATE

P.O. BOX 320160. SAN FRANCISCO, CA 94132-0160

TRAVEL CLAIM & EXPENSE REPORT

SETTLEMENT OF TRAVEL ADVANCES

DC#

Date:

CHARTFIELD: ACCOUNT - FUND - DEPT ID - PROJECT (Grants/Contracts only)

FUND # PROJECT CONTACT PROJECT PHONE # CHECK DISTRIBUTION: Mail to payee's address Hold/Call for pickup ph #	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">MAKE CHECK PAYABLE TO:</p> <p>TRAVELER'S NAME: (Last, First, MI) ADDRESS: CITY STATE ZIP CODE</p> <p>Legal resident of the United States? Yes No Immigration Status: Passport #:</p> </div>
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LOCATION AND PURPOSE OF TRIP: _____

Please note : a copy of the traveler's authorization of Travel must be attached to the claim.

	Date	Time	Lodging	PerDiem (every 24 hr period)	Train, Airfare, Bus, etc	Taxi, Shuttle, Parking	Private	Auto	Reg. Fees & Other Bus. Expense	Total
	mm/dd/yyyy	hh:mm					Miles	Amount		
Day 1										
Day 2										
Day 3										
Day 4										
Day 5										
Day 6										
Day 7										
Day 8										
Day 9										
Day 10										
Totals										

* Attach itemized list, receipts and explanation

Note: Original receipt(s) required for all items \$25 or greater, except for Per Diem.

I hereby certify that the above is true statement of the travel expenses incurred in accordance with applicable UCorp policy, All items shown here are for legitimate business purposes and are properly reimbursable from the project charged. Furthermore, I have not received payment nor will seek duplicate reimbursement for the above travel expense from SFSU or any other sources.

Grand Total		
Less Advance/ DC #		
Balance Due to Traveler: OR		
Balance Due to UCorp:		

AUTHORIZED SIGNATURE _____	DATE _____	CLAIMANT'S SIGNATURE _____	DATE _____
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ACCOUNTING USE ONLY

Vendor: _____	Acct: _____	Inv Nbr: _____	
Inv Date: _____	Inv Amt: _____	Rept Amt: _____	
Dup Inv: _____	Spec Msg: _____		

Date Received By UCorp	Approved For Allowability By: _____ Date: _____	Date Received BY A/P Dept	A/Processing By: _____ Date: _____ Voucher # _____
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